

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF
INSPECTOR GENERAL

**Psychotropic Drug Use
in Nursing Homes**

Supplemental Information - 10 Case Studies



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OVERVIEW

PURPOSE

To provide supplemental information to our main report “Psychotropic Use in Nursing Homes” by describing 10 nursing homes’ use and monitoring of psychotropic drugs.

BACKGROUND

This report supplements our main inspection on the use of psychotropic drugs in nursing homes, which found that these drugs are generally used appropriately. The Senate Special Committee on Aging requested that the Office of Inspector General look at the extent to which psychotropic drugs are being used as inappropriate chemical restraints in nursing homes. Usage rates for these drugs have been increasing since 1995. A chemical restraint is the use of a drug to control an individual’s behavior and is legally appropriate only if used to ensure the physical safety of residents or other individuals.

Psychotropic medications are drugs that affect brain activities associated with mental processes and behavior. They are divided into four broad categories: anti-psychotic; anti-depressant; anti-anxiety; and hypnotic drugs. The Centers for Medicare & Medicaid Services established guidelines for the appropriate use of these drugs in nursing homes.

We selected 10 different nursing homes for site visits based on their psychotropic drug usage rates, geographical variation, facility size, and ownership category. These facilities are in California, Florida, Idaho, Maryland, Massachusetts, Missouri, New York, Ohio, Texas, and Wisconsin. In each nursing home we conducted interviews with administrative and direct care staff, toured the nursing home, and spoke with residents. We present a 10 case summary and individual nursing home case studies.

10 CASE SUMMARY

In the main report, our medical record review determined that psychotropic drug use in nursing homes is generally appropriate. This supplemental information describes nursing homes’ self-reported approaches for managing residents taking these drugs. It is intended to assist the reader in better understanding the findings of the main report and to instruct individuals interested in this topic.

Psychotropic Drug Treatment Protocols

A drug treatment protocol consists of the general practices used to manage residents' drug therapy, which are important given that our main report found at least one third of our sample nursing home residents entered the facility already on their medication.

Respondents in all 10 nursing homes describe using similar practices for managing residents' psychotropic drug therapies, including resident physical and/or psycho-social evaluations, behavior monitoring programs, tracking of side effects and adverse reactions, and dose reductions. All 10 nursing homes say they evaluate residents prior to starting drug therapy in order to rule out non-psychiatric causes of their behavior; most facilities also believe a philosophy of "start low and go slow" is the best practice. All 10 facilities also report beginning behavior monitoring at the time of admission for residents already taking psychotropic drugs. Finally, many nursing home respondents use the Drug Regimen Review conducted by their consultant pharmacist as an important element for monitoring psychotropic drug use, and many also use interdisciplinary review committees for this purpose.

Non-Pharmacologic Alternatives

All 10 nursing homes we visited discuss using alternative non-pharmacologic interventions for psychiatric disorders and problem behaviors. The staff say that they most often try interesting the resident in something else (redirecting); providing intensive one to one direct care (one-to-one); letting the resident have time alone (time out); talking to the resident about what is bothering them (emotional support); removing the resident to a different area in the nursing home (relocating); and leaving the resident and returning at a later time (re-approaching). Nursing homes may also get the family involved in residents' day to day life at the nursing home and have the same staff person care for the same resident in order to establish an ongoing relationship between the two.

Appropriate Use of Chemical Restraints

We asked all respondents about the appropriate use of chemical restraints in their nursing home. Overall, respondents express a general reluctance to use a psychotropic drug solely as a chemical restraint. However, eight explain that they may use a psychotropic drug when residents' behavior is harmful to themselves or to others; the other two say they have not had a need to use a restraint. For example, respondents in one facility say they would use a restraint if a resident was striking other residents or staff. At another facility, respondents provide a specific example of using a restraint when a resident was continually throwing herself from her bed to the floor.

Staff Structure and Training

All 10 nursing homes have access to psychiatric staff, such as a “psych team” or consultant psychiatrists and psychologists. Also, in a few homes with specialized units for residents with dementia or Alzheimer’s disease, the nurses and certified nurse aides work only in that unit and are often given specialized training to care for these residents. Additionally, many nursing homes offer some type of training to direct care staff, such as behavior management techniques. However, some aides say that there is not enough direct care staff to care for psychiatric residents.

AGENCY COMMENTS

We received comments on the draft report from the Centers for Medicare & Medicaid Services. They believe that the report will contribute to a better understanding of psychotropic drug use in nursing homes and in identifying areas for further focus. The CMS also notes that training related to psychotropic drug use and related documentation issues is already underway or planned.